

## Electronic Patent Application Fee Transmittal

|   |   |                 |               |                             |
|---|---|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                              | 10560289  |                 |               |                             |
| <b>Filing Date:</b>                                     | 26-May-2006   |                 |               |                             |
| <b>Title of Invention:</b>                              | Method and system for physiologic control of a blood pump |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b>             | Robert J Benkowski  |                 |               |                             |
| <b>Filer:</b>   | David L. Terrell  |                 |               |                             |
| <b>Attorney Docket Number:</b>                          | 021906-024US  |                 |               |                             |
| Filed as Small Entity                                   |   |                 |               |                             |
| <b>U.S. National Stage under 35 USC 371 Filing Fees</b> |   |                 |               |                             |
| <b>Description</b>                                      | <b>Fee Code</b>   | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                                    |   |                 |               |                             |
| <b>Pages:</b>   |   |                 |               |                             |
| <b>Claims:</b>  |   |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                            |   |                 |               |                             |
| <b>Petition:</b>  |   |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>                 |   |                 |               |                             |
| <b>Post-Allowance-and-Post-Issuance:</b>                |   |                 |               |                             |
| <b>Extension-of-Time:</b>                               |   |                 |               |                             |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| <b>Miscellaneous:</b>             |          |          |        |                      |
| Request for continued examination | 2801     | 1        | 405    | 405                  |
| <b>Total in USD (\$)</b>          |          |          |        | <b>405</b>           |